

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

ADDRESS (number and street) ▼

PO BOX 295

☐ Check if different than previously reported. (ACC)

CHRISTIANSTED

VI

00821

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00553560

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer SCOTT B MACKENZIE

Signature of Treasurer

SCOTT B MACKENZIE

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
09 01 2015 To: M M / D D / Y Y Y Y Y Y  
09 30 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		<span style="border: 1px solid black; padding: 2px;">45482.65</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">53141.56</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">96181.78</span>	<span style="border: 1px solid black; padding: 2px;">879926.31</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">149323.34</span>	<span style="border: 1px solid black; padding: 2px;">925408.96</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">101543.31</span>	<span style="border: 1px solid black; padding: 2px;">877628.93</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">47780.03</span>	<span style="border: 1px solid black; padding: 2px;">47780.03</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">220655.26</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 09 / 01 / 2015

To:

 M M / D D / Y Y Y Y Y  
 09 / 30 / 2015
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

25489.48

214103.38

(ii) Unitemized .....

70650.30

663133.93

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

96139.78

877237.31

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

190.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

96139.78

877427.31

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

42.00

2499.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ►

96181.78

879926.31

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ►

96181.78

879926.31

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	101543.31	847745.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	101543.31	847745.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	28533.42
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	1350.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	101543.31	877628.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	101543.31	877628.93

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	96139.78	877427.31
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	96139.78	877427.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	101543.31	847745.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	42.00	2499.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	101501.31	845246.51

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 153

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR WILLIAM ADAMSON 190 JR**Mailing Address 1400 WAVERLY RD  
APT A222

City	State	Zip Code
GLADWYNE	PA	19035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2015

Transaction ID : SA11AI.81191

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. MR WILLIAM ADAMSON 190 JR**Mailing Address 1400 WAVERLY RD  
APT A222

City	State	Zip Code
GLADWYNE	PA	19035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2015

Transaction ID : SA11AI.81192

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. MR WILLIAM ADAMSON 190 JR**Mailing Address 1400 WAVERLY RD  
APT A222

City	State	Zip Code
GLADWYNE	PA	19035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2015

Transaction ID : SA11AI.81189

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 153

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR WILLIAM ADAMSON 190 JR**

Mailing Address 1400 WAVERLY RD  
APT A222

City State Zip Code  
GLADWYNE PA 19035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2015

Transaction ID : SA11AI.81190

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. MRS ARLINE L AKINA 967**

Mailing Address 99-025 LOHEA PL

City State Zip Code  
AIEA HI 96701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2015

Transaction ID : SA11AI.81200

Amount of Each Receipt this Period

113.00

Full Name (Last, First, Middle Initial)

**C. MS WANDA ALBRIGHT 080**

Mailing Address 528 DUBOIS AVE

City State Zip Code  
BARRINGTON NJ 08007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2015

Transaction ID : SA11AI.81208

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

383.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MS CLAUDIA AMBRO 370**

Mailing Address PO BOX 3510

City

BRENTWOOD

State

TN

Zip Code

37024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIFE POINT HOSPITAL

Occupation

DIRECTOR OF REVENUE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.81229

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR RICHARD C ANDERSON 141**

Mailing Address 81 HACKETT DR

City

TONAWANDA

State

NY

Zip Code

14150

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 24 / 2015

Transaction ID : SA11AI.81238

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MRS AGNES V ANDERSON 958**

Mailing Address 890 WIXFORD WAY

City

SACRAMENTO

State

CA

Zip Code

95864

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

560.00

Date of Receipt

09 / 08 / 2015

Transaction ID : SA11AI.81254

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

260.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 153

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS AGNES V ANDERSON 958**

Mailing Address 890 WIXFORD WAY

City	State	Zip Code
SACRAMENTO	CA	95864

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2015

Transaction ID : SA11AI.81255

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR ROGER BAELE 466**

Mailing Address 3602 S IRONWOOD DR OFC XXX

City	State	Zip Code
SOUTH BEND	IN	46614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2015

Transaction ID : SA11AI.81292

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. MR MANSON BALLARD 496**

Mailing Address 226 TWILIGHT TRL NW

City	State	Zip Code
KALKASKA	MI	49646

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : SA11AI.81311

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

225.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 153

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS LAURA BARKER 472**

Mailing Address 4922 W COUNTY ROAD 300 N

City State Zip Code  
 GREENSBURG IN 47240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 28 / 2015

Transaction ID : SA11AI.81324

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. MR HECTOR R BARRAGAN 913**

Mailing Address 13916 BEAVER ST

City State Zip Code  
 SYLMAR CA 91342

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BARRAGAN & ASSOCIATES

Occupation

ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

09 / 29 / 2015

Transaction ID : SA11AI.81338

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. MR PAUL BASS 917**

Mailing Address 1395 MAGNOLIA AVE

City State Zip Code  
 UPLAND CA 91786

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

09 / 18 / 2015

Transaction ID : SA11AI.81356

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

425.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 153

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR JOSEPH BAUER 342**

Mailing Address 965 YBOR E

City State Zip Code  
 VENICE FL 34285

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2015

Transaction ID : SA11AI.81361

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. MR MAXWELL BELDING 064**

Mailing Address 30 BOKUM RD APT 308

City State Zip Code  
 ESSEX CT 06426

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2015

Transaction ID : SA11AI.81386

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. MR ROBERT BERNATCHEZ 015**

Mailing Address 26 MARK CIR

City State Zip Code  
 RUTLAND MA 01543

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2015

Transaction ID : SA11AI.81416

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

315.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 153  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. HELEN BEWICK 481**

Mailing Address 7510 CONIFER CT

City State Zip Code  
 TEMPERANCE MI 48182

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 21 / 2015

Transaction ID : SA11AI.81423

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. MS LITA BIEJO 930**

Mailing Address 9555 W LOS ANGELES AVE

City State Zip Code  
 MOORPARK CA 93021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 11 / 2015

Transaction ID : SA11AI.81433

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. MS LITA BIEJO 930**

Mailing Address 9555 W LOS ANGELES AVE

City State Zip Code  
 MOORPARK CA 93021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 21 / 2015

Transaction ID : SA11AI.81432

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

165.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 153

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS ANNE D BILLINGS 461**

Mailing Address 328 WATERFORD LN

City  
AVON

State  
IN

Zip Code  
46123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

09 / 21 / 2015

Transaction ID : SA11AI.81436

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. MR JOHN R BONNETT 833**

Mailing Address 1828 BRIDGEVIEW BLVD APT 210

City

TWIN FALLS

State

ID

Zip Code

83301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

09 / 17 / 2015

Transaction ID : SA11AI.81482

Amount of Each Receipt this Period

180.00

Full Name (Last, First, Middle Initial)

**C. WILLIAM O BRACHMAN 530**

Mailing Address 10101 CEDAR CREEK RD

City

CEDARBURG

State

WI

Zip Code

53012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

09 / 21 / 2015

Transaction ID : SA11AI.81513

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

305.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 153

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. WILLIAM O BRACHMAN 530

Mailing Address 10101 CEDAR CREEK RD

City	State	Zip Code
CEDARBURG	WI	53012

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : SA11AI.81514

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MS SHARON BRADLEY 774

Mailing Address 3645 HENDERSON RANCH LN

City	State	Zip Code
BELLVILLE	TX	77418

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

Transaction ID : SA11AI.81515

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR EDGAR H BRISTOL 020

Mailing Address 28 UNION ST

City	State	Zip Code
FOXBORO	MA	02035

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2015

Transaction ID : SA11AI.81555

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

400.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 15 OF 153

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

**A. MR ALBERT BROWN 214**

Mailing Address 7101 BAY FRONT DR APT 602

 City  
 ANNAPOLIS

 State  
 MD

 Zip Code  
 21403

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : SA11AI.81565

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. MS MABEL BROWN 612**

Mailing Address 115 N STATE ST

 City  
 GENESEO

 State  
 IL

 Zip Code  
 61254

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2015

Transaction ID : SA11AI.81575

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. MS MABEL BROWN 612**

Mailing Address 115 N STATE ST

 City  
 GENESEO

 State  
 IL

 Zip Code  
 61254

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : SA11AI.81574

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 153  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MS PHOEBE BROWN 925**

Mailing Address 21109 GEORGE BROWN AVE

City	State	Zip Code
RIVERSIDE	CA	92518

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2015

Transaction ID : SA11AI.81578

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. MR ROBERT M BRUCE 891**

Mailing Address 6420 E TROPICANA AVE UNIT 442

City	State	Zip Code
LAS VEGAS	NV	89122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

Transaction ID : SA11AI.81586

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR DARRELL D BUTTERWICK 551**

Mailing Address 1694 KERRY LN

City	State	Zip Code
SAINT PAUL	MN	55125

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

Transaction ID : SA11AI.81636

Amount of Each Receipt this Period

11.00

SUBTOTAL of Receipts This Page (optional)..... ►

81.00

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 153

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR JAMES P BYRNES 145**

Mailing Address 1940 COLE RD

City	State	Zip Code
NUNDA	NY	14517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NUNDA FAMILY PHARMACYOccupation  
PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2015

Transaction ID : SA11AI.81643

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. MS SUE M CANNON 802**

Mailing Address 6420 W LAKERIDGE RD

City	State	Zip Code
LAKEWOOD	CO	80227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2015

Transaction ID : SA11AI.81667

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. MS SUE M CANNON 802**

Mailing Address 6420 W LAKERIDGE RD

City	State	Zip Code
LAKEWOOD	CO	80227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2015

Transaction ID : SA11AI.81668

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

700.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 153  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. ORLA S CARTER 805**

Mailing Address 1601 N COLLEGE AVE LOT 317

City	State	Zip Code
FORT COLLINS	CO	80524

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : SA11AI.81698

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. MS JANET P CHAMBERS 076**

Mailing Address 609 ECHO GLEN AVE

City	State	Zip Code
RIVERVALE	NJ	07675

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BCI

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

Transaction ID : SA11AI.81723

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR RALPH N CHILDS 606**

Mailing Address 5757 W WARWICK AVE

City	State	Zip Code
CHICAGO	IL	60634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : SA11AI.81737

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

335.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 153

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. DONALD C CHRISTOPHER 950**

Mailing Address 305 BLOOMFIELD AVE

City State Zip Code  
 GILROY CA 95020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHRISTOPHER RANCH LLC

Occupation

GARLIC GROWER/PACKER/SHIP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 28 / 2015

Transaction ID : SA11AI.81751

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. MR EDWARD CLARKE 068**

Mailing Address 50 LEDGE RD APT 127

City State Zip Code  
 DARIEN CT 06820

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 28 / 2015

Transaction ID : SA11AI.81772

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR CHARLES CLINTON 152 JR**

Mailing Address 5103 MORNINGRISE DR

City State Zip Code  
 PITTSBURGH PA 15236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 16 / 2015

Transaction ID : SA11AI.81788

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 153

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR RICHARD COUCH 244**

Mailing Address 13803 BIRDAVEN LN

City State Zip Code  
 GROTTOS VA 24441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 MACHINE OPERATOR

Occupation  
 MACHINE OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

09 / 02 / 2015

Transaction ID : SA11AI.81868

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. MR PHIL CRAMER 913**

Mailing Address 26056 BERAULT CT

City State Zip Code  
 VALENCIA CA 91355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 NONE

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.81896

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. MR PHIL CRAMER 913**

Mailing Address 26056 BERAULT CT

City State Zip Code  
 VALENCIA CA 91355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 NONE

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 17 / 2015

Transaction ID : SA11AI.81893

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

95.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 153

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR PHIL CRAMER 913**

Mailing Address 26056 BERAULT CT

City  
VALENCIAState  
CAZip Code  
91355FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2015

Transaction ID : SA11AI.81894

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. MR PHIL CRAMER 913**

Mailing Address 26056 BERAULT CT

City  
VALENCIAState  
CAZip Code  
91355FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2015

Transaction ID : SA11AI.81895

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. MRS BETTY R CRAWFORD 527**

Mailing Address 601 ASPEN TRL

City  
MUSCATINEState  
IAZip Code  
52761FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

Transaction ID : SA11AI.81900

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

115.00

TOTAL This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 153

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

**A. MS CHARLOTTE DANLY 050**

Mailing Address PO BOX 606

City

WOODSTOCK

State

VT

Zip Code

05091

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	5

Transaction ID : SA11AI.81960

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. MRS FRANCES B DAVIS 713**

Mailing Address 4700 WILTON PL

City

ALEXANDRIA

State

LA

Zip Code

71303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	5

Transaction ID : SA11AI.81979

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR FRED E DECKER 285**

Mailing Address 2342 N LAKEVIEW DR

City

NEWPORT

State

NC

Zip Code

28570

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

NOT EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	5

Transaction ID : SA11AI.81996

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

285.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR PAUL DECLEVA 752**

Mailing Address 5222 DELOACHE AVE

City  
DALLASState  
TXZip Code  
75220FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DP CONSULTANTSOccupation  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : SA11AI.81997

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. MRS LEA DIVALL 950**

Mailing Address 747 RIDGEMARK DR

City  
HOLLISTERState  
CAZip Code  
95023FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

Transaction ID : SA11AI.82044

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. GLADYS DOANE 635**

Mailing Address 3 BROADVIEW

City  
KIRKSVILLEState  
MOZip Code  
63501FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

Transaction ID : SA11AI.82051

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 153

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS MARTHA L DOWNS 956**

Mailing Address 8560 JESTER CT

City State Zip Code  
 ELK GROVE CA 95624

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

09 / 18 / 2015

Transaction ID : SA11AI.82087

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. MRS ANNE DRAKE 296**

Mailing Address 557 CRESWELL AVE E

City State Zip Code  
 GREENWOOD SC 29646

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

09 / 21 / 2015

Transaction ID : SA11AI.82091

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. MRS ANNE DRAKE 296**

Mailing Address 557 CRESWELL AVE E

City State Zip Code  
 GREENWOOD SC 29646

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

09 / 21 / 2015

Transaction ID : SA11AI.82092

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

95.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. LEONA DROPPA 344**

Mailing Address 6921 SW 108TH ST

City

OCALA

State

FL

Zip Code

34476

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2015

Transaction ID : SA11AI.82098

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. LEONA DROPPA 344**

Mailing Address 6921 SW 108TH ST

City

OCALA

State

FL

Zip Code

34476

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2015

Transaction ID : SA11AI.82096

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. LEONA DROPPA 344**

Mailing Address 6921 SW 108TH ST

City

OCALA

State

FL

Zip Code

34476

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

Transaction ID : SA11AI.82097

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

95.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR RICHARD V DUKART 586**

Mailing Address 29 117TH AVE SW

City

KILLDEER

State

ND

Zip Code

58640

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

09 / 14 / 2015

Transaction ID : SA11AI.82116

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. MR RICHARD V DUKART 586**

Mailing Address 29 117TH AVE SW

City

KILLDEER

State

ND

Zip Code

58640

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 21 / 2015

Transaction ID : SA11AI.82115

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. MR HARRY DUNLOP 956**

Mailing Address 1014 DIAMANTE ROBLES CT

City

DIAMOND SPRINGS

State

CA

Zip Code

95619

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

235.00

Date of Receipt

09 / 10 / 2015

Transaction ID : SA11AI.82120

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

85.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 153

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR DENNIS E DUVALL 917**

Mailing Address 11183 KADOTA AVE

City  
POMONAState  
CAZip Code  
91766FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2015

Transaction ID : SA11AI.82124

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MRS MARGARET EAGLE 596**

Mailing Address 506 SADDLE DR

City  
HELENAState  
MTZip Code  
59601FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : SA11AI.82127

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MRS MARGARET EAGLE 596**

Mailing Address 506 SADDLE DR

City  
HELENAState  
MTZip Code  
59601FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : SA11AI.82128

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

110.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 153

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR JOHN R EDGEWORTH 342**

Mailing Address 8776 PEBBLE CREEK LN

City  
SARASOTAState Zip Code  
FL 34238FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2015

Transaction ID : SA11AI.82136

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR JOHN D EHRISMANN 922**

Mailing Address 7667 ACOMA TRL

City  
YUCCA VALLEYState Zip Code  
CA 92284FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2015

Transaction ID : SA11AI.82141

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. MRS MARGARET A ELLERT 467**

Mailing Address 1129 COUNTY ROAD 39

City  
WATERLOOState Zip Code  
IN 46793FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2015

Transaction ID : SA11AI.82147

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

145.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 29 OF 153  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS MARGARET A ELLERT 467**

Mailing Address 1129 COUNTY ROAD 39

City	State	Zip Code
WATERLOO	IN	46793

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : SA11AI.82148

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. ALTHEA ERDAHL 554**

Mailing Address 6154 GOLDEN VALLEY RD

City	State	Zip Code
MINNEAPOLIS	MN	55422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

Transaction ID : SA11AI.82172

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. ALTHEA ERDAHL 554**

Mailing Address 6154 GOLDEN VALLEY RD

City	State	Zip Code
MINNEAPOLIS	MN	55422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : SA11AI.82173

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶

360.00

**TOTAL** This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 153

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

## **A. MR BILL FAIN 863**

Mailing Address 3001 N MAIN ST STE 2B

City State Zip Code  
 PRESCOTT VALLEY AZ 86314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RANCH LAND & INVESTMENTS LLC

Occupation  
 CATTLEMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2015

Transaction ID : SA11AI.82192

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

## **B. MR BILL FAIN 863**

Mailing Address 3001 N MAIN ST STE 2B

City State Zip Code  
 PRESCOTT VALLEY AZ 86314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RANCH LAND & INVESTMENTS LLC

Occupation  
 CATTLEMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2015

Transaction ID : SA11AI.82191

Amount of Each Receipt this Period

136.00

Full Name (Last, First, Middle Initial)

## **C. MR BILL FAIN 863**

Mailing Address 3001 N MAIN ST STE 2B

City State Zip Code  
 PRESCOTT VALLEY AZ 86314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RANCH LAND & INVESTMENTS LLC

Occupation  
 CATTLEMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2015

Transaction ID : SA11AI.82194

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

206.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 153

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

## **A. MR BILL FAIN 863**

Mailing Address 3001 N MAIN ST STE 2B

City State Zip Code  
 PRESCOTT VALLEY AZ 86314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RANCH LAND & INVESTMENTS LLC

Occupation  
 CATTLEMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

554.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2015

Transaction ID : SA11AI.82193

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

## **B. MS MARY FELLER 463**

Mailing Address 106 S 190 E

City State Zip Code  
 VALPARAISO IN 46383

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 NONE

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2015

Transaction ID : SA11AI.82212

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

## **C. MS MARY FELLER 463**

Mailing Address 106 S 190 E

City State Zip Code  
 VALPARAISO IN 46383

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 NONE

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2015

Transaction ID : SA11AI.82214

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MS MARY FELLER 463**

Mailing Address 106 S 190 E

City

VALPARAISO

State

IN

Zip Code

46383

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	4			2	0	1	5		

**Transaction ID : SA11AI.82213**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. TOM FENCL 973**

Mailing Address 48278 SW KINGWOOD AVE

City

MILL CITY

State

OR

Zip Code

97360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	1			2	0	1	5		

**Transaction ID : SA11AI.82215**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. TOM FENCL 973**

Mailing Address 48278 SW KINGWOOD AVE

City

MILL CITY

State

OR

Zip Code

97360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1			2	0	1	5		

**Transaction ID : SA11AI.82216**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

135.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 33 OF 153  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS MARILYN A FIORO 232**

Mailing Address 4176 ENGLISH HOLLY CIR

City	State	Zip Code
RICHMOND	VA	23294

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2015

Transaction ID : SA11AI.82230

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR ROYCE FLANDRO 846**

Mailing Address 2949 APACHE WAY

City	State	Zip Code
PROVO	UT	84604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BRIGHAM YOUNG UNIVERSITY

Occupation

PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2015

Transaction ID : SA11AI.82236

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

**C. MRS BARBARA J FLOCKHART 952**

Mailing Address 331 LA SETTA DR

City	State	Zip Code
LODI	CA	95242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.82244

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

97.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 34 OF 153  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. JAMES H FOSTER 290**

Mailing Address 203 OLD CHAPIN RD

City	State	Zip Code
LEXINGTON	SC	29072

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2015

Transaction ID : SA11AI.82269

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. MR DONALD FRAHM 321**

Mailing Address 7 AVENUE DE LA MER APT 1006

City	State	Zip Code
PALM COAST	FL	32137

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : SA11AI.82286

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. MS JOYCE M GALE 852**

Mailing Address 7928 E PUEBLO AVE UNIT 55

City	State	Zip Code
MESA	AZ	85208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1907.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : SA11AI.82344

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

530.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 35 OF 153  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS BETTY GARDNER 648**

Mailing Address 1572 GOODIN HOLLOW RD

City	State	Zip Code
NOEL	MO	64854

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1110.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2015

Transaction ID : SA11AI.82373

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR KENNETH C GARMAN 145**

Mailing Address 7 DOWNING DR

City	State	Zip Code
PITTSFORD	NY	14534

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2015

Transaction ID : SA11AI.82374

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. MR DARRELL GARNER 945**

Mailing Address 605 FILBERT CT

City	State	Zip Code
SAN RAMON	CA	94583

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WAKAMATSU INS AGENCY

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : SA11AI.82375

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

110.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

**A. MS NANCY GERRISH 190**

Mailing Address 2302 WOODSIDE LN

City	State	Zip Code
NEWTOWN SQUARE	PA	19073

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2015

Transaction ID : SA11AI.82401

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. ROGER D GIBB 926**

Mailing Address 18 ALEGRIA

City	State	Zip Code
IRVINE	CA	92620

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2015

Transaction ID : SA11AI.82414

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. MR C GOFF 746**

Mailing Address 220 W HARTFORD AVE

City	State	Zip Code
PONCA CITY	OK	74601

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2015

Transaction ID : SA11AI.82457

Amount of Each Receipt this Period

12.99

SUBTOTAL of Receipts This Page (optional)..... ►

247.99

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR C GOFF 746**

Mailing Address 220 W HARTFORD AVE

City  
PONCA CITYState  
OKZip Code  
74601FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : SA11AI.82458

Amount of Each Receipt this Period

25.49

Full Name (Last, First, Middle Initial)

**B. MS BERNICE GOKEY 544**

Mailing Address 504 N 4TH ST

City  
COLBYState  
WIZip Code  
54421FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : SA11AI.82462

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. MS BERNICE GOKEY 544**

Mailing Address 504 N 4TH ST

City  
COLBYState  
WIZip Code  
54421FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2015

Transaction ID : SA11AI.82460

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

85.49

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MS BERNICE GOKEY 544**

Mailing Address 504 N 4TH ST

City  
COLBY

State Zip Code  
WI 54421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

09 / 18 / 2015

Transaction ID : SA11AI.82461

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. MS BERNICE GOKEY 544**

Mailing Address 504 N 4TH ST

City  
COLBY

State Zip Code  
WI 54421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

09 / 28 / 2015

Transaction ID : SA11AI.82459

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. MR PAUL GOODMAN 110**

Mailing Address 99 S SERVICE RD APT 402

City  
NEW HYDE PARK

State Zip Code  
NY 11040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.00

Date of Receipt

09 / 08 / 2015

Transaction ID : SA11AI.82473

Amount of Each Receipt this Period

90.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 153

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR PAUL GOODMAN 110**

Mailing Address 99 S SERVICE RD APT 402

City	State	Zip Code
NEW HYDE PARK	NY	11040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

743.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : SA11AI.82471

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

**B. MR PAUL GOODMAN 110**

Mailing Address 99 S SERVICE RD APT 402

City	State	Zip Code
NEW HYDE PARK	NY	11040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2015

Transaction ID : SA11AI.82472

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. MS JEAN M GOOS 802**

Mailing Address 7840 W PAINE AVE

City	State	Zip Code
LAKEWOOD	CO	80235

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2015

Transaction ID : SA11AI.82478

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

140.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 153

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR THOMAS GORE 390**

Mailing Address 208 TWIN LKS S

City  
CLINTON

State Zip Code  
MS 39056

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2015

**Transaction ID : SA11AI.82482**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR WILLIAM M GREEN 018**

Mailing Address 704 W LOWELL AVE

City  
HAVERHILL

State Zip Code  
MA 01832

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NONE

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

**Transaction ID : SA11AI.82508**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR FRANK GUARISCO 703**

Mailing Address PO BOX 579

City  
PATTERSON

State Zip Code  
LA 70392

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SELF EMPLOYED

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 08 / 2015

**Transaction ID : SA11AI.82536**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. DR MARIETTA GUEVARA 352 MD**

Mailing Address 2016 GROVE PARK WAY

City State Zip Code  
 BIRMINGHAM AL 35242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2015

Transaction ID : SA11AI.82537

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. MRS KETURAH THUNDER HAAB 481**

Mailing Address 436 PINE BRAE DR

City State Zip Code  
 ANN ARBOR MI 48105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2015

Transaction ID : SA11AI.82548

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. MRS MARJORIE HAILEY 668**

Mailing Address 720 S NEOSHO ST

City State Zip Code  
 COUNCIL GROVE KS 66846

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2015

Transaction ID : SA11AI.82564

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

285.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR ROBERT H HAMBURG 365**

Mailing Address PO BOX 844

City

FOLEY

State

AL

Zip Code

36536

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

555.00

Date of Receipt

09 / 14 / 2015

Transaction ID : SA11AI.82575

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. MR ROBERT H HAMBURG 365**

Mailing Address PO BOX 844

City

FOLEY

State

AL

Zip Code

36536

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

605.00

Date of Receipt

09 / 21 / 2015

Transaction ID : SA11AI.82576

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR ROBERT H HAMBURG 365**

Mailing Address PO BOX 844

City

FOLEY

State

AL

Zip Code

36536

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

655.00

Date of Receipt

09 / 21 / 2015

Transaction ID : SA11AI.82577

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

135.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR KERN HAMILTON 950**

Mailing Address 800 BLOSSOM HILL RD UNIT E324

City	State	Zip Code
LOS GATOS	CA	95032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

Transaction ID : SA11AI.82583

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. MR C GEORGE HANSON 371 JR**

Mailing Address 914 TRINITY DR

City	State	Zip Code
MURFREESBORO	TN	37129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

Transaction ID : SA11AI.82590

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. MRS K HARDY 054**

Mailing Address 1590 KELLOGG BAY RD

City	State	Zip Code
VERGENNES	VT	05491

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ARTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : SA11AI.82601

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

350.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MS BLANCH P HARNISH 166**

Mailing Address 7590 HARNISH CIR

City

ALEXANDRIA

State

PA

Zip Code

16611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2015

Transaction ID : SA11AI.82607

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. MR RALPH E HARRISON 930**

Mailing Address PO BOX 4997

City

VENTURA

State

CA

Zip Code

93007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2015

Transaction ID : SA11AI.82619

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. MR WARREN HECKMANN 530**

Mailing Address 13207 PIONEER RD

City

NEWTON

State

WI

Zip Code

53063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

C F HECKMANN CO

Occupation

PRESIDENT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 11 / 2015

Transaction ID : SA11AI.82651

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

105.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MS KATHLEEN HILL 080**

Mailing Address 6 WINTERBERRY LN

City

WILLINGBORO

State

NJ

Zip Code

08046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BOARD OF EDUCATION

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

09 / 21 / 2015

Transaction ID : SA11AI.82700

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. MR BILL HOLDEN 956**

Mailing Address 4467 PLANTATION DR

City

FAIR OAKS

State

CA

Zip Code

95628

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2475.00

Date of Receipt

09 / 18 / 2015

Transaction ID : SA11AI.82733

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MS CLAUDIA D HOLDER 837**

Mailing Address 12433 W DE MEYER ST

City

BOISE

State

ID

Zip Code

83713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

235.00

Date of Receipt

09 / 17 / 2015

Transaction ID : SA11AI.82736

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MS CLAUDIA D HOLDER 837**

Mailing Address 12433 W DE MEYER ST

City  
BOISE

State Zip Code  
ID 83713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 22 / 2015

Transaction ID : SA11AI.82738

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. LUMAN W HOLMAN 757**

Mailing Address PO BOX 1528

City  
JACKSONVILLE

State Zip Code  
TX 75766

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DECLINED

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

09 / 28 / 2015

Transaction ID : SA11AI.82748

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR CHARLES HOLTZ 800**

Mailing Address 13801 E YALE AVE UNIT 306 # 20

City  
AURORA

State Zip Code  
CO 80014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1051.00

Date of Receipt

09 / 24 / 2015

Transaction ID : SA11AI.82755

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

485.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR ALAN HOUSTON 981**

Mailing Address 3824 52ND AVE SW

City  
SEATTLE

State Zip Code  
WA 98116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

09 / 22 / 2015

Transaction ID : SA11AI.82774

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. MR ALAN HOUSTON 981**

Mailing Address 3824 52ND AVE SW

City  
SEATTLE

State Zip Code  
WA 98116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 22 / 2015

Transaction ID : SA11AI.82775

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. MRS MARTHA L HUTCHISON 895**

Mailing Address 2330 CROWS NEST PKWY

City  
RENO

State Zip Code  
NV 89519

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HUTCH'S CAR WASHES, INC

Occupation

SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 28 / 2015

Transaction ID : SA11AI.82808

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR CHARLES IVERS 515

Mailing Address 32825 MAGNOLIA RD

City  
MINDEN

State Zip Code  
IA 51553

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2015

Transaction ID : SA11AI.82819

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. MR CHARLES IVERS 515

Mailing Address 32825 MAGNOLIA RD

City  
MINDEN

State Zip Code  
IA 51553

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

Transaction ID : SA11AI.82820

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. MR CHARLES IVES 019

Mailing Address 4 PAGE RD

City  
MARBLEHEAD

State Zip Code  
MA 01945

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ABBOT PUBLIC LIBRARY FUND

Occupation

TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 17 / 2015

Transaction ID : SA11AI.82826

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR CHARLES IVES 019

Mailing Address 4 PAGE RD

City	State	Zip Code
MARBLEHEAD	MA	01945

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 ABBOT PUBLIC LIBRARY FUND

 Occupation  
 TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : SA11AI.82825

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MR HORACE D JACKSON 479

Mailing Address 1727 TRACE 17

City	State	Zip Code
WEST LAFAYETTE	IN	47906

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 NONE

 Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : SA11AI.82830

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. MR HORACE D JACKSON 479

Mailing Address 1727 TRACE 17

City	State	Zip Code
WEST LAFAYETTE	IN	47906

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 NONE

 Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : SA11AI.82831

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR HORACE D JACKSON 479**

Mailing Address 1727 TRACE 17

City	State	Zip Code
WEST LAFAYETTE	IN	47906

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2015

Transaction ID : SA11AI.82832

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. MR BRUCE C JACOBSON 483**

Mailing Address 1019 WALLOON CT

City	State	Zip Code
LAKE ORION	MI	48360

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : SA11AI.82840

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR BRUCE C JACOBSON 483**

Mailing Address 1019 WALLOON CT

City	State	Zip Code
LAKE ORION	MI	48360

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : SA11AI.82841

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

170.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS MARY M JAMIESON 287**

Mailing Address 22 CHESTNUT RIDGE RD

City State Zip Code  
 MILLS RIVER NC 28759

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

HOUSEWIFE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
 09 / 25 / 2015

Transaction ID : SA11AI.82846

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. EDWARD JOHNSON 076**

Mailing Address 411 CHESTNUT ST

City State Zip Code  
 PARAMUS NJ 07652

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

MM / DD / YYYY  
 09 / 21 / 2015

Transaction ID : SA11AI.82865

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. EDWARD JOHNSON 076**

Mailing Address 411 CHESTNUT ST

City State Zip Code  
 PARAMUS NJ 07652

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
 09 / 21 / 2015

Transaction ID : SA11AI.82866

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR MARK L JOHNSON 123**

Mailing Address 3 OAKTREE LN

City

SCHENECTADY

State

NY

Zip Code

12309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2015

Transaction ID : SA11AI.82869

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. MR MARK L JOHNSON 123**

Mailing Address 3 OAKTREE LN

City

SCHENECTADY

State

NY

Zip Code

12309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2015

Transaction ID : SA11AI.82867

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR MARK L JOHNSON 123**

Mailing Address 3 OAKTREE LN

City

SCHENECTADY

State

NY

Zip Code

12309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2015

Transaction ID : SA11AI.82868

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

170.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. REV PAUL E JOHNSON 240**

Mailing Address 7056 POINDEXTER LN

City State Zip Code  
 ROANOKE VA 24019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PASTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 01 / 2015

Transaction ID : SA11AI.82873

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. REV PAUL E JOHNSON 240**

Mailing Address 7056 POINDEXTER LN

City State Zip Code  
 ROANOKE VA 24019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PASTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 17 / 2015

Transaction ID : SA11AI.82872

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR LARRY JOHNSON 833**

Mailing Address 910 MOONGLO RD SPC 29

City State Zip Code  
 BUHL ID 83316

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 17 / 2015

Transaction ID : SA11AI.82892

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

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 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR LARRY JOHNSON 833**

Mailing Address 910 MOONGLO RD SPC 29

City	State	Zip Code
BUHL	ID	83316

FEC ID number of contributing federal political committee.

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2015

Transaction ID : SA11AI.82890

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**B. MR DARRELL JOHNSON 841**

Mailing Address 6019 S LAKE PLACID PL

City	State	Zip Code
SALT LAKE CTY	UT	84121

FEC ID number of contributing federal political committee.

Name of Employer

HERCULITE REMODELING

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2015

Transaction ID : SA11AI.82894

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C. MR HAROLD JOHNSON 928**

Mailing Address 752 NANCY LN

City	State	Zip Code
FULLERTON	CA	92831

FEC ID number of contributing federal political committee.

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.82898

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR HAROLD JOHNSON 928**

Mailing Address 752 NANCY LN

City

FULLERTON

State

CA

Zip Code

92831

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2015

Transaction ID : SA11AI.82897

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

**B. MISS BEATRICE JONAS 926**

Mailing Address 3049 VIA SERENA S UNIT A

City

LAGUNA WOODS

State

CA

Zip Code

92637

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 24 / 2015

Transaction ID : SA11AI.82910

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR RONALD F JONES 218**

Mailing Address 7661 JONES HASTINGS RD

City

PARSONSBURG

State

MD

Zip Code

21849

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 10 / 2015

Transaction ID : SA11AI.82911

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

205.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS WANDA JONES 985**

Mailing Address 3700 14TH AVE SE UNIT 65

City	State	Zip Code
OLYMPIA	WA	98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : SA11AI.82925

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. MR KENNETH W JONES 986**

Mailing Address 3409 MAIN ST APT 400

City	State	Zip Code
VANCOUVER	WA	98663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2015

Transaction ID : SA11AI.82926

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. MRS MARIE-LUISE KALSI 770**

Mailing Address 13307 CAROUSEL CT

City	State	Zip Code
HOUSTON	TX	77041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2015

Transaction ID : SA11AI.82945

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

265.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. DAVID J KELLER 983**

Mailing Address PO BOX 2381

City  
BUCKLEYState  
WAZip Code  
98321FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2015

Transaction ID : SA11AI.82977

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. MRS E KINCADE-ENDRESEN 922**

Mailing Address 57 TENNIS CLUB DR

City  
RANCHO MIRAGEState  
CAZip Code  
92270FEC ID number of contributing  
federal political committee.

C

Name of Employer

KINCAID INDUSTRIES

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2015

Transaction ID : SA11AI.83000

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MRS MADELL E KINCADE 922**

Mailing Address 57 TENNIS CLUB DR

City  
RANCHO MIRAGEState  
CAZip Code  
92270FEC ID number of contributing  
federal political committee.

C

Name of Employer

KINCAID INDUSTRIES

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2015

Transaction ID : SA11AI.82999

Amount of Each Receipt this Period

53.00

SUBTOTAL of Receipts This Page (optional)..... ►

303.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR PAUL S KINGSBURY 812**

Mailing Address PO BOX 849

City	State	Zip Code
CRESTED BUTTE	CO	81224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2015

Transaction ID : SA11AI.83013

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. PAUL KINGSBURY 852**

Mailing Address 27208 N AGUA VERDE DR

City	State	Zip Code
RIO VERDE	AZ	85263

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2015

Transaction ID : SA11AI.83014

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. PAUL KINGSBURY 852**

Mailing Address 27208 N AGUA VERDE DR

City	State	Zip Code
RIO VERDE	AZ	85263

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2015

Transaction ID : SA11AI.83015

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

2500.00

TOTAL This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 153

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. GRANT H KITCHEN 483

Mailing Address 2921 ONAGON CIR

City	State	Zip Code
WATERFORD	MI	48328

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

Transaction ID : SA11AI.83022

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. MR CRAIG KLEINBECK 333

Mailing Address 3101 NW 47TH TER APT 125

City	State	Zip Code
LAUDERDALE LAKES	FL	33319

FEC ID number of contributing federal political committee.

C

Name of Employer

SLINKY THE CLOWN

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2015

Transaction ID : SA11AI.83034

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. MR DAVID KOENEN 504

Mailing Address PO BOX 486

City	State	Zip Code
LATIMER	IA	50452

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

Transaction ID : SA11AI.83064

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 60 OF 153  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR JOHN J KRUG 087**

Mailing Address 55 PULASKI BLVD

City	State	Zip Code
TOMS RIVER	NJ	08757

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

Transaction ID : SA11AI.83094

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. MR JAMES E LAIN 926**

Mailing Address PO BOX 1939

City	State	Zip Code
HUNTINGTON BEACH	CA	92647

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2015

Transaction ID : SA11AI.83108

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MISS PATRICIA M LANGENDORF 134**

Mailing Address 1009 N MADISON ST

City	State	Zip Code
ROME	NY	13440

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NY OFFICE OF MENTAL HEALTH

Occupation

PROGRAM MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2015

Transaction ID : SA11AI.83123

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

650.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 OF 153

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR HAROLD LANGLEY 636

Mailing Address 2232 HIGHWAY M

City  
MARQUAND

State Zip Code  
MO 63655

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 08 / 2015

Transaction ID : SA11AI.83124

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. MR ELDON LATHAM 974

Mailing Address 1212 SUNNYSIDE DR

City  
EUGENE

State Zip Code  
OR 97404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2015

Transaction ID : SA11AI.83140

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MR ROBERT LEAHY 284

Mailing Address 622 JASMINE LN SW

City  
SUNSET BEACH

State Zip Code  
NC 28468

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 10 / 2015

Transaction ID : SA11AI.83148

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

105.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MS ALICE LEBEWOHL 931**

Mailing Address 5500 CALLE REAL # A-236

City State Zip Code  
SANTA BARBARA CA 93111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 08 / 2015

Transaction ID : SA11AI.83150

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. MISS GENEVA LEE 946**

Mailing Address 320 LEE ST APT 501

City State Zip Code  
OAKLAND CA 94610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2015

Transaction ID : SA11AI.83152

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. ONA LESTER 300**

Mailing Address 1101 HUMPHRIES RD NW

City State Zip Code  
CONYERS GA 30012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2015

Transaction ID : SA11AI.83175

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

390.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR VERNON LEWIS 853**

Mailing Address 204 E SANTA CRUZ DR

City State Zip Code  
 GOODYEAR AZ 85338

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LEWIS WELDING SUPPLY INC

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 21 / 2015

Transaction ID : SA11AI.83185

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR VERNON LEWIS 853**

Mailing Address 204 E SANTA CRUZ DR

City State Zip Code  
 GOODYEAR AZ 85338

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LEWIS WELDING SUPPLY INC

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 22 / 2015

Transaction ID : SA11AI.83184

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR VERNON LEWIS 853**

Mailing Address 204 E SANTA CRUZ DR

City State Zip Code  
 GOODYEAR AZ 85338

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LEWIS WELDING SUPPLY INC

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

09 / 24 / 2015

Transaction ID : SA11AI.83183

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR JAMES LIKOWSKI 986**

Mailing Address 2818 LILAC ST

 City  
 LONGVIEW

 State  
 WA

 Zip Code  
 98632

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2015

Transaction ID : SA11AI.83189

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MYRON G LINDOW 178**

Mailing Address 119 ROUTE 204 APT 18C

 City  
 SELINGSGROVE

 State  
 PA

 Zip Code  
 17870

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : SA11AI.83195

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. MR MUNSON W LITTLE 926**

Mailing Address 54 MIRA LAS OLAS

 City  
 SAN CLEMENTE

 State  
 CA

 Zip Code  
 92673

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

BCI

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2015

Transaction ID : SA11AI.83206

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

90.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 65 OF 153  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR DONALD L LJUNGREN 553**

Mailing Address 945 CENTURY AVE SW #214

City	State	Zip Code
HUTCHINSON	MN	55350

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : SA11AI.83209

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. LOUISE LOCKE 746**

Mailing Address 16 WOODCREST

City	State	Zip Code
PONCA CITY	OK	74604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : SA11AI.83212

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. MS OPAL LOFDAHL 680**

Mailing Address 300 S 7TH ST APT 3

City	State	Zip Code
TEKAMAH	NE	68061

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2015

Transaction ID : SA11AI.83213

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 66 OF 153  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR BERNARD LOUIS 535**

Mailing Address 30551 COUNTY HWY B

City  
LONE ROCKState Zip Code  
WI 53556FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 17 / 2015

Transaction ID : SA11AI.83229

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**B. DR WALTER LUNG 968 DDS**

Mailing Address 4244 HUANUI ST

City  
HONOLULUState Zip Code  
HI 96816FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 01 / 2015

Transaction ID : SA11AI.83255

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**C. DR WALTER LUNG 968 DDS**

Mailing Address 4244 HUANUI ST

City  
HONOLULUState Zip Code  
HI 96816FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 08 / 2015

Transaction ID : SA11AI.83254

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

205.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. DR WALTER LUNG 968 DDS**

Mailing Address 4244 HUANUI ST

City

HONOLULU

State

HI

Zip Code

96816

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	5

Transaction ID : SA11AI.83256

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**B. FREDERICK R MACLEAN 330**

Mailing Address 2220 NE 43RD ST

City

LIGHTHOUSE POINT

State

FL

Zip Code

33064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MACLEAN AND EMA

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	5

Transaction ID : SA11AI.83269

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. MRS PAMELA J MACLEAN 483**

Mailing Address 8617 PALOMINO DR

City

COMMERCE TOWNSHIP

State

MI

Zip Code

48382

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	5

Transaction ID : SA11AI.83270

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

350.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS RUTH MARK 465**

Mailing Address 1811 WOODGATE DR

City  
GOSHENState  
INZip Code  
46526FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : SA11AI.83306

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. MR RICHARD MARX 125**

Mailing Address PO BOX 440

City

WAPPINGERS FALLS

State

NY

Zip Code

12590

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1468.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2015

Transaction ID : SA11AI.83334

Amount of Each Receipt this Period

228.00

Full Name (Last, First, Middle Initial)

**C. MR RICHARD MARX 125**

Mailing Address PO BOX 440

City

WAPPINGERS FALLS

State

NY

Zip Code

12590

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1568.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.83335

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

353.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR ROBERT MASTEN 934**

Mailing Address 3035 VINE ST

City	State	Zip Code
PASO ROBLES	CA	93446

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2015

Transaction ID : SA11AI.83338

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. DR VIRGINIA MCBURNEY 523**

Mailing Address 3697 TODDVILLE RD

City	State	Zip Code
TODDVILLE	IA	52341

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : SA11AI.83355

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. CHARLES E MCCARTY 756**

Mailing Address 409 SHADOWOOD DR

City	State	Zip Code
MARSHALL	TX	75672

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

Transaction ID : SA11AI.83363

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

105.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. CHARLES E MCCARTY 756**

Mailing Address 409 SHADOWOOD DR

City

MARSHALL

State

TX

Zip Code

75672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2015

Transaction ID : SA11AI.83360

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. CHARLES E MCCARTY 756**

Mailing Address 409 SHADOWOOD DR

City

MARSHALL

State

TX

Zip Code

75672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2015

Transaction ID : SA11AI.83361

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. CHARLES E MCCARTY 756**

Mailing Address 409 SHADOWOOD DR

City

MARSHALL

State

TX

Zip Code

75672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2015

Transaction ID : SA11AI.83362

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

105.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

**A. MR DOUGLAS MCKISSACK 314**

Mailing Address 7 BITTERROOT LN

City

SAVANNAH

State

GA

Zip Code

31419

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GULFSTREAM AEROSPACE CORP

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	5

Transaction ID : SA11AI.83398

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR DOUGLAS MCKISSACK 314**

Mailing Address 7 BITTERROOT LN

City

SAVANNAH

State

GA

Zip Code

31419

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GULFSTREAM AEROSPACE CORP

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	5

Transaction ID : SA11AI.83397

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR WILLIAM G MCLAUGHLIN 336**

Mailing Address 1510 E PALM AVE APT A314

City

TAMPA

State

FL

Zip Code

33605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

758.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	1	5

Transaction ID : SA11AI.83400

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

225.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR WILLIAM G MCLAUGHLIN 336**

Mailing Address 1510 E PALM AVE APT A314

City State Zip Code  
TAMPA FL 33605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

793.00

Date of Receipt

09 / 21 / 2015

Transaction ID : SA11AI.83399

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. MR WILLIAM G MCLAUGHLIN 336**

Mailing Address 1510 E PALM AVE APT A314

City State Zip Code  
TAMPA FL 33605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

828.00

Date of Receipt

09 / 24 / 2015

Transaction ID : SA11AI.83401

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. MRS VIRGINIA MCMAHON 060**

Mailing Address 21 BRIDLE PATH

City State Zip Code  
CANTON CT 06019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

09 / 24 / 2015

Transaction ID : SA11AI.83410

Amount of Each Receipt this Period

38.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

108.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. BURTON MCPHEETERS 691

Mailing Address 23998 S MCPHEETERS RD

City	State	Zip Code
GOTHENBURG	NE	69138

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : SA11AI.83422

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MR RICHARD A MIKULS 681

Mailing Address 13605 SHIRLEY ST

City	State	Zip Code
OMAHA	NE	68144

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2015

Transaction ID : SA11AI.83459

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MRS JOAN G MILAM 333

Mailing Address 2673 CENTER COURT DR

City	State	Zip Code
WESTON	FL	33332

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2015

Transaction ID : SA11AI.83460

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

225.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. JOAN MILLER 324**

Mailing Address 1007 MEADOWLARK LN

City State Zip Code  
 CHIPLEY FL 32428

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2015

Transaction ID : SA11AI.83472

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. MS SHARON MOHLER 897**

Mailing Address 2200 E LONG ST UNIT 248

City State Zip Code  
 CARSON CITY NV 89706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SFUSD

Occupation

EX-TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2015

Transaction ID : SA11AI.83520

Amount of Each Receipt this Period

53.00

Full Name (Last, First, Middle Initial)

**C. MS PATRICIA MOLLINO 117**

Mailing Address 515 N BAY AVE

City State Zip Code  
 MASSAPEQUA NY 11758

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2015

Transaction ID : SA11AI.83523

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

118.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR ROBERT M MONTGOMERY 853**

Mailing Address 12410 W CORONET DR

City	State	Zip Code
SUN CITY WEST	AZ	85375

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2015

Transaction ID : SA11AI.83526

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. MRS JUNE MOORE 672**

Mailing Address 3816 S HOOVER RD

City	State	Zip Code
WICHITA	KS	67215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2015

Transaction ID : SA11AI.83530

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. DR CRAIG MORGAN 257**

Mailing Address 1611 13TH AVE

City	State	Zip Code
HUNTINGTON	WV	25701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2015

Transaction ID : SA11AI.83548

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

235.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. DR CRAIG MORGAN 257**

Mailing Address 1611 13TH AVE

City  
HUNTINGTONState Zip Code  
WV 25701FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.83549

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MRS MARIE B MORSE 447**

Mailing Address 3025 WOODCLIFF DR NW

City  
CANTONState Zip Code  
OH 44718FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2015

Transaction ID : SA11AI.83567

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MRS MARIE B MORSE 447**

Mailing Address 3025 WOODCLIFF DR NW

City  
CANTONState Zip Code  
OH 44718FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2015

Transaction ID : SA11AI.83568

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MS FRANCIS MORSE 956**

Mailing Address 4181 FORT JIM RD

City State Zip Code  
PLACERVILLE CA 95667

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 09 / 2015

Transaction ID : SA11AI.84946

Amount of Each Receipt this Period

-1000.00

NSF CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. MS FRANCIS MORSE 956**

Mailing Address 4181 FORT JIM RD

City State Zip Code  
PLACERVILLE CA 95667

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 22 / 2015

Transaction ID : SA11AI.83570

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MS FRANCIS MORSE 956**

Mailing Address 4181 FORT JIM RD

City State Zip Code  
PLACERVILLE CA 95667

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 25 / 2015

Transaction ID : SA11AI.84945

Amount of Each Receipt this Period

-100.00

NSF CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

-1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

**A. MS BETTY S MOTT 802**

Mailing Address 5206 E ATLANTIC PL

 City  
 DENVER

 State Zip Code  
 CO 80222

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.83579

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. MR HENRY MOYER 159**

Mailing Address 235 MEADOW DR

 City  
 JOHNSTOWN

 State Zip Code  
 PA 15905

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2015

Transaction ID : SA11AI.83582

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. MRS MARIE MOYER 189**

Mailing Address 183 N MAIN ST

 City  
 DUBLIN

 State Zip Code  
 PA 18917

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2015

Transaction ID : SA11AI.83583

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

80.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR CLAIR J MURPHY 551**

Mailing Address 1626 RUTH ST N

City  
SAINT PAULState Zip Code  
MN 55119FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2015

**Transaction ID : SA11AI.83598**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. MR CLAIR J MURPHY 551**

Mailing Address 1626 RUTH ST N

City  
SAINT PAULState Zip Code  
MN 55119FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2015

**Transaction ID : SA11AI.83597**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. STEVE H MYHR 981**

Mailing Address 4407 30TH AVE W # A

City  
SEATTLEState Zip Code  
WA 98199FEC ID number of contributing  
federal political committee.

C

Name of Employer

BURLINGTON NORTHERN

Occupation

RAILROAD EMPLOYEE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

**Transaction ID : SA11AI.83610**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

170.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 80 OF 153

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR HAROLD NANSEL 805**

Mailing Address 2615 ANEMONIE DR

City	State	Zip Code
LOVELAND	CO	80537

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.83615

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. MR HAROLD NANSEL 805**

Mailing Address 2615 ANEMONIE DR

City	State	Zip Code
LOVELAND	CO	80537

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2015

Transaction ID : SA11AI.83614

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. MRS SANDRA NUNES 531**

Mailing Address N6279 PARADISE DR

City	State	Zip Code
BURLINGTON	WI	53105

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

CIVIL ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : SA11AI.83667

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

70.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS FRANCES O'KEEFE 460**

Mailing Address 1505 GWINN LN

City  
LAPELState Zip Code  
IN 46051FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : SA11AI.83683

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. MS KAY O'ROUKE 335**

Mailing Address 15737 PATTERSON RD

City  
ODESSAState Zip Code  
FL 33556FEC ID number of contributing  
federal political committee.

C

Name of Employer

TRADITION RANCH INC

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : SA11AI.83704

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. COL GEORGE OLIVER 780**

Mailing Address PO BOX 373

City  
CENTER POINTState Zip Code  
TX 78010FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : SA11AI.83688

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

145.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 82 OF 153  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MISS ROSIE OMLIN 953**

Mailing Address 2743 BAKER RD

City	State	Zip Code
MODESTO	CA	95358

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

DAIRY FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2015

Transaction ID : SA11AI.83699

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MS NORMA EJ ORR 923**

Mailing Address 657 W CYPRESS AVE APT A

City	State	Zip Code
REDLANDS	CA	92373

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2015

Transaction ID : SA11AI.83708

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. MS NORMA EJ ORR 923**

Mailing Address 657 W CYPRESS AVE APT A

City	State	Zip Code
REDLANDS	CA	92373

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2015

Transaction ID : SA11AI.83709

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

140.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR JOHN PAGIN 467**

Mailing Address PO BOX 86

City  
HOWEState  
INZip Code  
46746FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	5

**Transaction ID : SA11AI.83718**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. MR SHIH YUEN PAI 113**

Mailing Address 6414 79TH ST

City

MIDDLE VILLAGE

State

NY

Zip Code

11379

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2235.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	5

**Transaction ID : SA11AI.83719**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. MS RUTH PARTRIDGE 054**

Mailing Address 3201 WAKE ROBIN DR

City

SHELBURNE

State

VT

Zip Code

05482

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	1	5

**Transaction ID : SA11AI.83733**

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

410.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 84 OF 153  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS JANE PASTELAK 194**

Mailing Address 1192 LAURELWOOD RD

City	State	Zip Code
POTTSTOWN	PA	19465

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2015

Transaction ID : SA11AI.83736

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. MRS MARGOT PATRICK 958**

Mailing Address 200 ARUBA CIR

City	State	Zip Code
SACRAMENTO	CA	95823

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2015

Transaction ID : SA11AI.83739

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. MR CHARLES PAULSEN 958**

Mailing Address 1220 FAY CIR

City	State	Zip Code
SACRAMENTO	CA	95831

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2015

Transaction ID : SA11AI.83744

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

160.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR CHARLES PAULSEN 958**

Mailing Address 1220 FAY CIR

City

SACRAMENTO

State

CA

Zip Code

95831

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : SA11AI.83745

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. GARY L PAXTON 998**

Mailing Address 104 WINCHESTER WAY

City

SITKA

State

AK

Zip Code

99835

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2015

Transaction ID : SA11AI.83746

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. DR L PENNEY 838 MD**

Mailing Address 980 W IRONWOOD DR STE 101

City

COEUR D ALENE

State

ID

Zip Code

83814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

Transaction ID : SA11AI.83768

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

250.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR SEFERINO PEREZ 925**

Mailing Address 25672 HILLMAN CT

City  
SUN CITYState Zip Code  
CA 92586FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : SA11AI.83774

Amount of Each Receipt this Period

91.00

Full Name (Last, First, Middle Initial)

**B. MR SEFERINO PEREZ 925**

Mailing Address 25672 HILLMAN CT

City  
SUN CITYState Zip Code  
CA 92586FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : SA11AI.83773

Amount of Each Receipt this Period

52.00

Full Name (Last, First, Middle Initial)

**C. NANCY E PHILLIPS 300**

Mailing Address 4700 MILLENIUM VIEW CT

City  
SNELLVILLEState Zip Code  
GA 30039FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2015

Transaction ID : SA11AI.83799

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

173.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 OF 153  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR JAMES B PICKERING 462**

Mailing Address 6310 DAHLIA DR

City State Zip Code  
INDIANAPOLIS IN 46217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.83805

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MS LINDA PIERCE-HEANEY 850**

Mailing Address 48412 N BLACK CYN HWY PMB 373

City State Zip Code  
NEW RIVER AZ 85087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2015

Transaction ID : SA11AI.83808

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. MRS PHYLLIS POHL 105**

Mailing Address 720 MILTON ROAD APT NORTH F1

City State Zip Code  
RYE NY 10580

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2015

Transaction ID : SA11AI.83827

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 OF 153

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS PHYLLIS POHL 105**

Mailing Address 720 MILTON ROAD APT NORTH F1

City State Zip Code  
 RYE NY 10580

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

09 / 29 / 2015

Transaction ID : SA11AI.83828

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. SISTER CELIA PONCE 856**

Mailing Address 405 N CARONDELET DR

City State Zip Code  
 NOGALES AZ 85621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CATHOLIC CHURCH

Occupation

NUN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 29 / 2015

Transaction ID : SA11AI.83839

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. MR RAY E POYNOR 851**

Mailing Address PO BOX 754

City State Zip Code  
 ARIZONA CITY AZ 85123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

09 / 21 / 2015

Transaction ID : SA11AI.83860

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

65.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR RAY E POYNOR 851**

Mailing Address PO BOX 754

City

ARIZONA CITY

State

AZ

Zip Code

85123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2015

Transaction ID : SA11AI.83861

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. MR JOHN PRICE 988**

Mailing Address 715 QUINCE ST UNIT 2212

City

OMAK

State

WA

Zip Code

98841

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PRICE MOTORS INC

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2015

Transaction ID : SA11AI.83871

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. MR RICHARD PUCKETT 617**

Mailing Address 1910 LONGWOOD LN

City

BLOOMINGTON

State

IL

Zip Code

61704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 18 / 2015

Transaction ID : SA11AI.83879

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 90 OF 153  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MS CLAIRE RAINS 941**

Mailing Address 420 41ST AVE

City	State	Zip Code
SAN FRANCISCO	CA	94121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2015

Transaction ID : SA11AI.83894

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MS CLAIRE RAINS 941**

Mailing Address 420 41ST AVE

City	State	Zip Code
SAN FRANCISCO	CA	94121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2015

Transaction ID : SA11AI.83893

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. MR ROBERT A RANKEL 085**

Mailing Address 4 WALKING PURCHASE DR

City	State	Zip Code
PENNINGTON	NJ	08534

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : SA11AI.83907

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

105.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR T E REILLY 462 JR**

Mailing Address 8877 PICKWICK DR

City

INDIANAPOLIS

State

IN

Zip Code

46260

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

Transaction ID : SA11AI.83931

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. GLENN REINDERS 530**

Mailing Address 3479 SHERMAN RD

City

JACKSON

State

WI

Zip Code

53037

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2015

Transaction ID : SA11AI.83933

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. GLENN REINDERS 530**

Mailing Address 3479 SHERMAN RD

City

JACKSON

State

WI

Zip Code

53037

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2015

Transaction ID : SA11AI.83934

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

350.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. CAPT CLARENCE E RICH 339**

Mailing Address 4005 PALM TREE BLVD APT 102

City State Zip Code  
 CAPE CORAL FL 33904

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US MILITARY

Occupation

OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

09 / 21 / 2015

Transaction ID : SA11AI.83959

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. MR JOSEPH J RIDOLFO 060**

Mailing Address 1100 POQUONOCK AVE

City State Zip Code  
 WINDSOR CT 06095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

383.00

Date of Receipt

09 / 14 / 2015

Transaction ID : SA11AI.83974

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. MR JOSEPH J RIDOLFO 060**

Mailing Address 1100 POQUONOCK AVE

City State Zip Code  
 WINDSOR CT 06095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

09 / 17 / 2015

Transaction ID : SA11AI.83975

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

65.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 93 OF 153  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MARY RIES 681**

Mailing Address 1238 N 97TH PLZ

City	State	Zip Code
OMAHA	NE	68114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2015

Transaction ID : SA11AI.83980

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. MR MELVIN A RIES 954**Mailing Address 3585 ROUND BARN BLVD  
APT 329

City	State	Zip Code
SANTA ROSA	CA	95403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NONE

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : SA11AI.83981

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. CHARLES RIGGS 410**

Mailing Address 15 THOMAS POINTE DR

City	State	Zip Code
FORT THOMAS	KY	41075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NONE

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

Transaction ID : SA11AI.83983

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

285.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MS SUZANNE M RILEY 254**

Mailing Address PO BOX 92

City	State	Zip Code
SLANESVILLE	WV	25444

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2015

Transaction ID : SA11AI.83987

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR PHILIP E RITCH 967**

Mailing Address 146 KALUAMOO ST

City	State	Zip Code
KAILUA	HI	96734

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

631.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : SA11AI.84000

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MS KATHLEEN M ROBE 926**

Mailing Address 2851 CAROB ST

City	State	Zip Code
NEWPORT BEACH	CA	92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.84005

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. DONALD ROBINSON 130

Mailing Address 6515 GLEN HAVEN RD

City	State	Zip Code
HOMER	NY	13077

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

HOME HEALTH CARE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2015

Transaction ID : SA11AI.84016

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. MR DELBERT R ROBINSON 882

Mailing Address 801 ALABAMA ST

City	State	Zip Code
LAKE ARTHUR	NM	88253

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

IRRIGATION SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2015

Transaction ID : SA11AI.84020

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MR NORMAN RODRIGUEZ 381

Mailing Address 698 EATON ST

City	State	Zip Code
MEMPHIS	TN	38120

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : SA11AI.84036

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

185.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

**A. MR GORDON ROSENGREN 554**

Mailing Address 6800 PILLSBURY AVE S

City

MINNEAPOLIS

State

MN

Zip Code

55423

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2015

Transaction ID : SA11AI.84053

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. MR GORDON ROSENGREN 554**

Mailing Address 6800 PILLSBURY AVE S

City

MINNEAPOLIS

State

MN

Zip Code

55423

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : SA11AI.84054

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. MR ROBERT L ROSETTE 231**

Mailing Address 6220 CHELSEA CRES

City

WILLIAMSBURG

State

VA

Zip Code

23188

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : SA11AI.84057

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

80.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS MARY RUEGGER 922**

Mailing Address 398 RUTHERFORD ROAD

City State Zip Code  
 BRAWLEY CA 92227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2015

Transaction ID : SA11AI.84077

Amount of Each Receipt this Period

110.00

Full Name (Last, First, Middle Initial)

**B. MR PAUL O RUST 626**

Mailing Address 9 OGDEN RD

City State Zip Code  
 JACKSONVILLE IL 62650

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2015

Transaction ID : SA11AI.84102

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. MR PAUL O RUST 626**

Mailing Address 9 OGDEN RD

City State Zip Code  
 JACKSONVILLE IL 62650

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2015

Transaction ID : SA11AI.84103

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

140.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. IRENE SANDOZ 687**

Mailing Address 500 JAMES ST APT 408

City  
VERDIGRE

State Zip Code  
NE 68783

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

09 / 18 / 2015

Transaction ID : SA11AI.84124

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR ARTHUR H SAXON 342**

Mailing Address 7043 STANHOPE PL

City

UNIVERSITY PARK

State Zip Code  
FL 34201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

09 / 18 / 2015

Transaction ID : SA11AI.84135

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. MR ROBERT A SCHEEL 581**

Mailing Address 1200 HARWOOD DR S APT 172

City

FARGO

State Zip Code  
ND 58104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 24 / 2015

Transaction ID : SA11AI.84143

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

275.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary PageFOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR MARVIN SCHUCK 561**

Mailing Address 610 W SHORE DR

City

WORTHINGTON

State

MN

Zip Code

56187

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

**Transaction ID : SA11AI.84173**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**B. MR H RICHARD SCHUMACHER 101**

Mailing Address 47 E 88TH ST

City

NEW YORK

State

NY

Zip Code

10128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2015

**Transaction ID : SA11AI.84180**

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. DR PENELOPE SCOTT 210 MD**

Mailing Address 11824 FALLS RD

City

COCKEYSVILLE

State

MD

Zip Code

21030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2015

**Transaction ID : SA11AI.84192**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

160.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. DR PENELOPE SCOTT 210 MD**

Mailing Address 11824 FALLS RD

City

COCKEYSVILLE

State

MD

Zip Code

21030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

09 / 23 / 2015

Transaction ID : SA11AI.84193

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. RICHARD SERAPHIN 077**

Mailing Address 32 FARM LN

City

EATONTOWN

State

NJ

Zip Code

07724

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 14 / 2015

Transaction ID : SA11AI.84218

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. RICHARD SERAPHIN 077**

Mailing Address 32 FARM LN

City

EATONTOWN

State

NJ

Zip Code

07724

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 25 / 2015

Transaction ID : SA11AI.84217

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

250.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 101 OF 153  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. COL H KENNETH SEYMOUR 344**

Mailing Address 1200 N ANNAPOLIS AVE

City	State	Zip Code
HERNANDO	FL	34442

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2015

Transaction ID : SA11AI.84228

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. COL H KENNETH SEYMOUR 344**

Mailing Address 1200 N ANNAPOLIS AVE

City	State	Zip Code
HERNANDO	FL	34442

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : SA11AI.84229

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. MR BILLY J SHELLENBERGER 675**

Mailing Address 215 S BELL AVE APT 402

City	State	Zip Code
LYONS	KS	67554

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2015

Transaction ID : SA11AI.84239

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

80.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR PETER R SHERMAN 140**

Mailing Address 4999 CREEK ROAD EXT

City

LEWISTON

State

NY

Zip Code

14092

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 18 / 2015

Transaction ID : SA11AI.84242

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MS ANITA SHIPPEN 303**

Mailing Address 3005 PACES LAKE CT SE

City

ATLANTA

State

GA

Zip Code

30339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 21 / 2015

Transaction ID : SA11AI.84252

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. WILLIAM J SIMPSON 152**

Mailing Address 50 ORDALE BLVD

City

PITTSBURGH

State

PA

Zip Code

15228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY & CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 23 / 2015

Transaction ID : SA11AI.84280

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

## **A. MISS JOAN SINEX 950**

Mailing Address 3400 PAUL SWEET RD UNIT C

City State Zip Code  
 SANTA CRUZ CA 95065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 11 / 2015

Transaction ID : SA11AI.84290

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

## **B. MISS JOAN SINEX 950**

Mailing Address 3400 PAUL SWEET RD UNIT C

City State Zip Code  
 SANTA CRUZ CA 95065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

676.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2015

Transaction ID : SA11AI.84288

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. MISS JOAN SINEX 950**

Mailing Address 3400 PAUL SWEET RD UNIT C

City State Zip Code  
 SANTA CRUZ CA 95065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

711.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2015

Transaction ID : SA11AI.84289

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

170.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MISS JOAN SINEX 950**

Mailing Address 3400 PAUL SWEET RD UNIT C

City	State	Zip Code
SANTA CRUZ	CA	95065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

746.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2015

Transaction ID : SA11AI.84287

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. MR DONALD B SMALLWOOD 707**

Mailing Address 27872 S SATSUMA RD

City	State	Zip Code
LIVINGSTON	LA	70754

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2015

Transaction ID : SA11AI.84306

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR HAROLD SMITH 067**

Mailing Address 23 NATHAN CT

City	State	Zip Code
WATERBURY	CT	06708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2015

Transaction ID : SA11AI.84311

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

160.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. KELLY SMITH 328**

Mailing Address PO BOX 2254

City State Zip Code  
 ORLANDO FL 32802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 28 / 2015

Transaction ID : SA11AI.84319

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. JACK SMITH 653**

Mailing Address 177 BOUNDARY LN

City State Zip Code  
 OTTERVILLE MO 65348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FARMER

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

09 / 21 / 2015

Transaction ID : SA11AI.84331

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. LARRY SMITH 959**

Mailing Address 6428 ROCKY LN

City State Zip Code  
 PARADISE CA 95969

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.00

Date of Receipt

09 / 17 / 2015

Transaction ID : SA11AI.84347

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

260.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. LARRY SMITH 959**

Mailing Address 6428 ROCKY LN

City State Zip Code  
 PARADISE CA 95969

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2015

Transaction ID : SA11AI.84346

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MRS MARTHA D SNEARLY 441**

Mailing Address 8055 TWIN OAKS DR

City State Zip Code  
 BROADVIEW HEIGHTS OH 44147

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NONE

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2015

Transaction ID : SA11AI.84357

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. MR GENE SPEAR 660**

Mailing Address 714 S CHURCH TER

City State Zip Code  
 OLATHE KS 66061

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NONE

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2015

Transaction ID : SA11AI.84376

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

95.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR GENE SPEAR 660**

Mailing Address 714 S CHURCH TER

City State Zip Code  
OLATHE KS 66061

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2015

Transaction ID : SA11AI.84377

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. DR JOHN L STANLEY 983 MD**

Mailing Address 1423 DOGWOOD HILL RD SW

City State Zip Code  
PORT ORCHARD WA 98366

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 04 / 2015

Transaction ID : SA11AI.84389

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. DR JOHN L STANLEY 983 MD**

Mailing Address 1423 DOGWOOD HILL RD SW

City State Zip Code  
PORT ORCHARD WA 98366

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2015

Transaction ID : SA11AI.84388

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 108 OF 153  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. ROBERT G STEINER 919**

Mailing Address 55 I ST

City	State	Zip Code
CHULA VISTA	CA	91910

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.84400

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. ROBERT G STEINER 919**

Mailing Address 55 I ST

City	State	Zip Code
CHULA VISTA	CA	91910

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

Transaction ID : SA11AI.84401

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR ROBERT G STEINER 921**

Mailing Address 600 W BROADWAY STE 2600

City	State	Zip Code
SAN DIEGO	CA	92101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

NOT EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2015

Transaction ID : SA11AI.84404

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR ROBERT G STEINER 921**

Mailing Address 600 W BROADWAY STE 2600

City

SAN DIEGO

State

CA

Zip Code

92101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

NOT EMPLOYED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : SA11AI.84402

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR ROBERT G STEINER 921**

Mailing Address 600 W BROADWAY STE 2600

City

SAN DIEGO

State

CA

Zip Code

92101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

NOT EMPLOYED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : SA11AI.84403

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MAURICE STEMPNITZKY 802**

Mailing Address 3765 W EASTMAN AVE

City

DENVER

State

CO

Zip Code

80236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

QWEST COMMUNICATIONS INTL INC

Occupation

EXECUTIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2015

Transaction ID : SA11AI.84410

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

135.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

## **A. MAURICE STEMPNITZKY 802**

Mailing Address 3765 W EASTMAN AVE

City State Zip Code  
 DENVER CO 80236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 QWEST COMMUNICATIONS INTL INC

Occupation  
 EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

358.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 11 / 2015

Transaction ID : SA11AI.84409

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

## **B. MR JAMES E STEPHENS 625**

Mailing Address 750 W MARION AVE

City State Zip Code  
 FORSYTH IL 62535

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 NONE

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2015

Transaction ID : SA11AI.84415

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **C. MR JAMES E STEPHENS 625**

Mailing Address 750 W MARION AVE

City State Zip Code  
 FORSYTH IL 62535

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 NONE

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2015

Transaction ID : SA11AI.84416

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS RUTH E STEVENS 950**

Mailing Address 23350 SERENO CT UNIT V29

City State Zip Code  
 CUPERTINO CA 95014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

09 / 21 / 2015

Transaction ID : SA11AI.84428

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. ESTELLE STIMEL 720**

Mailing Address 1435 BLUSTERY WAY

City State Zip Code  
 CONWAY AR 72034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

09 / 03 / 2015

Transaction ID : SA11AI.84433

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. ESTELLE STIMEL 720**

Mailing Address 1435 BLUSTERY WAY

City State Zip Code  
 CONWAY AR 72034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 18 / 2015

Transaction ID : SA11AI.84432

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

90.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR BRUCE STRATHEARN 930**

Mailing Address 2215 MONACO DR

City  
OXNARDState  
CAZip Code  
93035FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

Transaction ID : SA11AI.84457

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. MR ROBERT W SUDBRINK 333**

Mailing Address 3100 NE 47TH CT APT 403

City

FT LAUDERDALE

State

FL

Zip Code

33308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SUDBRINK BROADCASTING INC

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2015

Transaction ID : SA11AI.84471

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR STEVE S SZABO 549**

Mailing Address 105 KIRKWOOD DR

City

OSHKOSH

State

WI

Zip Code

54904

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2015

Transaction ID : SA11AI.84508

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

120.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 OF 153

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR STANLEY TATE 331**

Mailing Address 9999 COLLINS AVE

City State Zip Code  
 BAL HARBOUR FL 33154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 STANLEY TATE BUILDERS INC

Occupation  
 OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

09 / 28 / 2015

Transaction ID : SA11AI.84513

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR GEORGE C THOMAS 190**

Mailing Address 115 PENNSYLVANIA AVE

City State Zip Code  
 BRYN MAWR PA 19010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 BCI

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 24 / 2015

Transaction ID : SA11AI.84540

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MRS KETURAH THUNDER-HAAB 481**

Mailing Address 436 PINE BRAE ST

City State Zip Code  
 ANN ARBOR MI 48105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 NONE

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1217.00

Date of Receipt

09 / 18 / 2015

Transaction ID : SA11AI.84557

Amount of Each Receipt this Period

113.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

313.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS KETURAH THUNDER-HAAB 481**

Mailing Address 436 PINE BRAE ST

City

ANN ARBOR

State

MI

Zip Code

48105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1417.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	5

**Transaction ID : SA11AI.84558**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. MR OTTO J TOEVS 910**

Mailing Address 5336 MARSHBURN AVE

City

ARCADIA

State

CA

Zip Code

91006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	5

**Transaction ID : SA11AI.84582**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. MR OTTO J TOEVS 910**

Mailing Address 5336 MARSHBURN AVE

City

ARCADIA

State

CA

Zip Code

91006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	5

**Transaction ID : SA11AI.84583**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

260.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR ROBERT Y TOKUNAGA 285**

Mailing Address 401 FOXTRACE LN

City  
HUBERT

State Zip Code  
NC 28539

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BCI

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2015

Transaction ID : SA11AI.84584

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR RAY-KENT TROUTMAN 761**

Mailing Address 6337 KLAMATH RD

City  
FORT WORTH

State Zip Code  
TX 76116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 24 / 2015

Transaction ID : SA11AI.84604

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. MRS CHARLOTTE TUCCIO 078**

Mailing Address 66 PARK AVE APT C6

City  
WASHINGTON

State Zip Code  
NJ 07882

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 04 / 2015

Transaction ID : SA11AI.84611

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

145.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR CALVIN K UPP 671**

Mailing Address 212 E ELM ST

City

WELLINGTON

State

KS

Zip Code

67152

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

651.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2015

Transaction ID : SA11AI.84638

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR DONALD VANDENBERG 360**

Mailing Address 737 W BROAD ST

City

EUFAULA

State

AL

Zip Code

36027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.84647

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. MRS ELIZABETH R WADE 931**

Mailing Address 5364 CALLE REAL APT D

City

SANTA BARBARA

State

CA

Zip Code

93111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

506.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 18 / 2015

Transaction ID : SA11AI.84671

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

135.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS ELIZABETH R WADE 931**

Mailing Address 5364 CALLE REAL APT D

City	State	Zip Code
SANTA BARBARA	CA	93111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

732.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.84672

Amount of Each Receipt this Period

226.00

Full Name (Last, First, Middle Initial)

**B. MS CECELIA WAGNER 054 RN**

Mailing Address 38 HAYES AVE

City	State	Zip Code
SOUTH BURLINGTON	VT	05403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

REGISTERED NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

Transaction ID : SA11AI.84673

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR ROBERT L WALDEN 647**

Mailing Address 34 NW 1144 PRIVATE RD

City	State	Zip Code
LEETON	MO	64761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1218.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : SA11AI.84684

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

426.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR ROBERT L WALDEN 647**

Mailing Address 34 NW 1144 PRIVATE RD

City

LEETON

State

MO

Zip Code

64761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1293.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2015

Transaction ID : SA11AI.84685

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. MR KENNETH C WALDO 276 JR**

Mailing Address 1000 DEERFIELD RD

City

RALEIGH

State

NC

Zip Code

27609

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2015

Transaction ID : SA11AI.84688

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR KENNETH C WALDO 276 JR**

Mailing Address 1000 DEERFIELD RD

City

RALEIGH

State

NC

Zip Code

27609

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2015

Transaction ID : SA11AI.84689

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 OF 153

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR KENNETH C WALDO 276 JR**

Mailing Address 1000 DEERFIELD RD

City State Zip Code  
RALEIGH NC 27609

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

09 / 21 / 2015

Transaction ID : SA11AI.84690

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MS ELLEN WALKER 648**

Mailing Address PO BOX 26

City State Zip Code  
GRANBY MO 64844

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

09 / 08 / 2015

Transaction ID : SA11AI.84698

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. MR J D WALKER 761**

Mailing Address 6917 BAL LAKE DR

City State Zip Code  
FORT WORTH TX 76116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

NOT EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.00

Date of Receipt

09 / 17 / 2015

Transaction ID : SA11AI.84699

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

225.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 120 OF 153  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MS MARGARET T WALKER 902**

Mailing Address 30137 AVENIDA TRANQUILA

City	State	Zip Code
RANCHO PALOS VERDE	CA	90275

FEC ID number of contributing federal political committee.

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

Transaction ID : SA11AI.84700

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**B. MR ALTON L WALLACE 775**

Mailing Address 3122 REDFIELD DR

City	State	Zip Code
PASADENA	TX	77503

FEC ID number of contributing federal political committee.

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2015

Transaction ID : SA11AI.84705

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C. MR ALTON L WALLACE 775**

Mailing Address 3122 REDFIELD DR

City	State	Zip Code
PASADENA	TX	77503

FEC ID number of contributing federal political committee.

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

Transaction ID : SA11AI.84706

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 121 OF 153  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. BELLERINE FLORE WALTERMIRE 480**

Mailing Address 7606 MARIAN AVE

City	State	Zip Code
WARREN	MI	48092

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : SA11AI.84715

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR JOHN T WARD 481**

Mailing Address 25155 MARSHALL ST

City	State	Zip Code
DEARBORN	MI	48124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : SA11AI.84725

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR JOHN T WARD 481**

Mailing Address 25155 MARSHALL ST

City	State	Zip Code
DEARBORN	MI	48124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.84726

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS HELEN WEISHAAR 109**

Mailing Address PO BOX 835

City  
NYACK

State Zip Code  
NY 10960

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 14 / 2015

Transaction ID : SA11AI.84766

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

**B. MRS HELEN WEISHAAR 109**

Mailing Address PO BOX 835

City  
NYACK

State Zip Code  
NY 10960

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 17 / 2015

Transaction ID : SA11AI.84765

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. BARBARA WEITKAMP 917**

Mailing Address 4344 FRIAR CIR

City  
LA VERNE

State Zip Code  
CA 91750

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 17 / 2015

Transaction ID : SA11AI.84771

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

190.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

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 (check only one)

PAGE 123 OF 153

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. DR FLOYD L WERGELAND 919 JR**

Mailing Address 3425 MALPAZO CT

City

BONITA

State

CA

Zip Code

91902

FEC ID number of contributing federal political committee.

Name of Employer

SELF EMPLOYED

Occupation

DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : SA11AI.84777

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**B. MR WILLIAM WILHELM 219**

Mailing Address 410 DELAWARE AVE

City

ELKTON

State

MD

Zip Code

21921

FEC ID number of contributing federal political committee.

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : SA11AI.84822

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C. MR JAMES C WILLIAMS 013**

Mailing Address 225 N MAIN ST

City

SUNDERLAND

State

MA

Zip Code

01375

FEC ID number of contributing federal political committee.

Name of Employer

SELF EMPLOYED

Occupation

DAIRY FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2015

Transaction ID : SA11AI.84827

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS ROSALIE J WILLIAMSON 329**

Mailing Address 6450 36TH LN

City  
VERO BEACH

State Zip Code  
FL 32966

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

BUSINESSWOMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2015

Transaction ID : SA11AI.84840

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MS LORRAINE WINK 601**

Mailing Address 611 S OAKLAND AVE

City  
VILLA PARK

State Zip Code  
IL 60181

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 17 / 2015

Transaction ID : SA11AI.84852

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. WILMA I WISER 534**

Mailing Address 3900 N MAIN ST APT 229

City  
RACINE

State Zip Code  
WI 53402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 17 / 2015

Transaction ID : SA11AI.84861

Amount of Each Receipt this Period

70.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 125 OF 153

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MS GISELA WOIWODE-DALES 296**

Mailing Address 8 GARY AVE

City	State	Zip Code
TAYLORS	SC	29687

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : SA11AI.84868

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. MR ELSON K WRIDE 805**

Mailing Address 1016 W 32ND ST

City	State	Zip Code
LOVELAND	CO	80538

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2015

Transaction ID : SA11AI.84884

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. MR ELSON K WRIDE 805**

Mailing Address 1016 W 32ND ST

City	State	Zip Code
LOVELAND	CO	80538

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : SA11AI.84885

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 126 OF 153

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR ELSON K WRIDE 805**

Mailing Address 1016 W 32ND ST

City  
LOVELANDState Zip Code  
CO 80538FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : SA11AI.84886

Amount of Each Receipt this Period

55.00

Full Name (Last, First, Middle Initial)

**B. MS BONNIE J YOUNG 945**

Mailing Address 485 JUANA AVE

City  
SAN LEANDROState Zip Code  
CA 94577FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : SA11AI.84917

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

105.00

**TOTAL** This Period (last page this line number only)..... ►

25489.48

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 127 OF 153

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

## **A. CONSOLIDATED MAILING SERVICES**

Mailing Address 504 SHAW RD  
SUITE 504

City State Zip Code  
STERLING VA 20166

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 15 / 2015

**Transaction ID : SA15.84950**

Amount of Each Receipt this Period

18.00

REFUND

Full Name (Last, First, Middle Initial)

## **B. CONSOLIDATED MAILING SERVICES**

Mailing Address 504 SHAW RD  
SUITE 504

City State Zip Code  
STERLING VA 20166

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2015

**Transaction ID : SA15.84951**

Amount of Each Receipt this Period

24.00

REFUND

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

42.00

42.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

#### A. CAPITOL CAGING LLC

Mailing Address 504 SHAW RD  
SUITE 504

City	State	Zip Code
STERLING	VA	20166

Transaction ID : SB21B.84980

Purpose of Disbursement	CAGING SERVICES
-------------------------	-----------------

00:

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)  
**B. CAPITOL CAGING LLC**

Date of Disbursement

MM / DD / YYYY

Mailing Address 504 SHAW RD  
SUITE 504

City	State	Zip Code
STERLING	VA	20166

Transaction ID : SB21B.84981

### Purpose of Disbursement

#### CAGING SERVICES

00

Amount of Each Disbursement this Period

Candidate Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

Full Name (Last, First, Middle Initial)  
C. CAPITOL CAGING LLC

Date of Disbursement

Mailing Address 504 SHAW RD  
SUITE 504

City	State	Zip Code
STERLING	VA	20166

Transaction ID : SB21B.84982

### Purpose of Disbursement

#### CAGING SERVICES

00-

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

1408.08

**TOTAL** This Period (last page this line number only).....





<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

#### A. CONSOLIDATED MAILING SERVICES

003

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

3836.87

## B. CONSOLIDATED MAILING SERVICES

MM / DD / YYYY

003

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Transaction ID : SB21B.84987

Amount of Each Disbursement this Period

920.94

### C. CONSOLIDATED MAILING SERVICES

003

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Transaction ID : SB21B.84988

Amount of Each Disbursement this Period

648.89

5406.70



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

### A. DIRECT SUPPORT SERVICES

Date of Disbursement

Transaction ID : SB21B.84954

001

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

756.34

## B. DIRECT SUPPORT SERVICES

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.84955

001

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

Amount of Each Disbursement this Period

957.31

### C. DIRECT SUPPORT SERVICES

Date of Disbursement



Transaction ID : SB21B.84956

003

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

Amount of Each Disbursement this Period

12402.56

14116.21

14116.21



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

### A. DIRECT SUPPORT SERVICES

Date of Disbursement

Transaction ID : SB21B.84960

00:

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

960.80

## B. DIRECT SUPPORT SERVICES

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.84961

00

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	100%
25-34	100%
35-44	100%
45-54	100%
55-64	100%
65-74	100%
75-84	100%
85+	100%

### C. DIRECT SUPPORT SERVICES

Date of Disbursement

Transaction ID : SB21B.84962

003

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

1670.97

2756.77

FEC Schedule B (Form 3X) Rev. 02/2003

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

#### A. DIRECT SUPPORT SERVICES

Transaction ID : SB21B.84963

001

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

515.79

## B. DIRECT SUPPORT SERVICES

Transaction ID : SB21B.84964

001

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Age Group	Number of people
13-17	10
18-24	20
25-34	30
35-44	40
45-54	50
55-64	60
65-74	70
75-84	80
85+	90

### C. DONOR BUREAU

Transaction ID : SB21B.84991

003

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

201.88

842.67

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

### A. DONOR BUREAU

003

309.02

# VIGOP

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

## B. DONOR BUREAU

MM / DD / YYYY

003

410.59

# VIGOP

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

### C. FIRST VIRGINIA COMMUNITY BANK

001

171.27

# VIGOP

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

890.88



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

#### A. FIRST VIRGINIA COMMUNITY BANK

001

Category/  
Type

☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

**B. FIRST VIRGINIA COMMUNITY BANK**

MM / DD / YYYY

001

Category/  
Type

☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

### C. FIRST VIRGINIA COMMUNITY BANK

001

Category/  
Type

☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

296.45

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

#### A. FIRST VIRGINIA COMMUNITY BANK

00:

Category/  
Type

☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

09 / 08 / 2015

Mailing Address 11325 RANDOM HILLS DRIVE #806

City	State	Zip Code
FAIRFAX	VA	22040

Purpose of Disbursement
CCCP MONTHLY FEE

00

Transaction ID : SB21B.84970

Amount of Each Disbursement this Period

Candidate Name

# VIGOP

Office Sought:

	House
	Senate
	President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

### C. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Mailing Address 11325 RANDOM HILLS DRIVE #806

City	State	Zip Code
FAIRFAX	VA	22040

Purpose of Disbursement
CCCP MONTHLY FEE

00-

Transaction ID : SB21B.84971

Amount of Each Disbursement this Period

Candidate Name

# VIGOP

Office Sought:

	House
	Senate
	President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

132.17

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 139 OF 153

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2015

Mailing Address 11325 RANDOM HILLS DRIVE #806

City	State	Zip Code
FAIRFAX	VA	22040

**Transaction ID : SB21B.84972**Purpose of Disbursement  
CCCP MONTHLY FEE

001

Amount of Each Disbursement this Period

Candidate Name

**VIGOP**Category/  
Type

47.75

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2015

Mailing Address 11325 RANDOM HILLS DRIVE #806

City	State	Zip Code
FAIRFAX	VA	22040

**Transaction ID : SB21B.84973**Purpose of Disbursement  
CCCP MONTHLY FEE

001

Amount of Each Disbursement this Period

Candidate Name

**VIGOP**Category/  
Type

82.75

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2015

Mailing Address 11325 RANDOM HILLS DRIVE #806

City	State	Zip Code
FAIRFAX	VA	22040

**Transaction ID : SB21B.84974**Purpose of Disbursement  
TRANSFIRST BILLING FEE

001

Amount of Each Disbursement this Period

Candidate Name

**VIGOP**Category/  
Type

470.95

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

601.45

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 140 OF 153

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2015

Mailing Address 11325 RANDOM HILLS DRIVE #806

City	State	Zip Code
FAIRFAX	VA	22040

Purpose of Disbursement  
TRANSFIRST BILLING FEE

001

**Transaction ID : SB21B.84975**

Amount of Each Disbursement this Period

206.43
--------

Candidate Name

**VIGOP**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2015

Mailing Address 11325 RANDOM HILLS DRIVE #806

City	State	Zip Code
FAIRFAX	VA	22040

Purpose of Disbursement  
TRANSFIRST BILLING FEE

001

**Transaction ID : SB21B.84976**

Amount of Each Disbursement this Period

145.57
--------

Candidate Name

**VIGOP**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2015

Mailing Address 11325 RANDOM HILLS DRIVE #806

City	State	Zip Code
FAIRFAX	VA	22040

Purpose of Disbursement  
TRANSFIRST BILLING FEE

001

**Transaction ID : SB21B.84977**

Amount of Each Disbursement this Period

358.94
--------

Candidate Name

**VIGOP**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

710.94







<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

#### A. LEGACY LIST MANAGEMENT CORP

Date of Disbursement

Mailing Address 1155 - 15TH STREET  
SUITE 410

City	State	Zip Code
WASHINGTON	DC	20005

Transaction ID : SB21B.85008

Purpose of Disbursement
LIST RENTALS

003

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

**B. LEGACY LIST MANAGEMENT CORP**

Date of Disbursement

Mailing Address 1155 - 15TH STREET  
SUITE 410

MM / DD / YYYY

City	State	Zip Code
WASHINGTON	DC	20005

Transaction ID : SB21B.85009

Purpose of Disbursement	
LIST RENTALS	

003

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

**C. LEGACY LIST MANAGEMENT CORP**

Date of Disbursement

Mailing Address 1155 - 15TH STREET  
SUITE 410

City	State	Zip Code
WASHINGTON	DC	20005

Transaction ID : SB21B.85003

Purpose of Disbursement
LIST RENTALS

003

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

2715.16

**TOTAL** This Period (last page this line number only).....





<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

#### A. LEGACY LIST MANAGEMENT CORP

003

# VIGOP

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.85010

Amount of Each Disbursement this Period

1097.53

**B. MACKENZIE & COMPANY**

001

# VIGOP

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.85011

Amount of Each Disbursement this Period

599.00

**C. MACKENZIE & COMPANY**

001

# VIGOP

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

Date of Disbursement



Transaction ID : SB21B.85012

Amount of Each Disbursement this Period

495.00

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2191.53



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MDI IMAGING & MAIL**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9								1	0			2015

Mailing Address 21721-A FILIGREE CT

City	State	Zip Code
ASHBURN	VA	20147

**Transaction ID : SB21B.85015**Purpose of Disbursement  
DIRECT MAIL - PRINTING & MAILSHOP

003

Amount of Each Disbursement this Period

Candidate Name

**VIGOP**Category/  
Type

2036.72

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. SIMPKINS ESCROW SERVICES LLC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9								0	1			2015

Mailing Address 29\*243 ST JUST DR

City	State	Zip Code
UNIONVILLE	VA	22567

**Transaction ID : SB21B.85016**Purpose of Disbursement  
ESCROW SERVICES

001

Amount of Each Disbursement this Period

Candidate Name

**VIGOP**Category/  
Type

308.33

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. SIMPKINS ESCROW SERVICES LLC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9								0	1			2015

Mailing Address 29\*243 ST JUST DR

City	State	Zip Code
UNIONVILLE	VA	22567

**Transaction ID : SB21B.85017**Purpose of Disbursement  
ESCROW SERVICES

001

Amount of Each Disbursement this Period

Candidate Name

**VIGOP**Category/  
Type

123.84

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►

2468.89

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. SIMPKINS ESCROW SERVICES LLC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	1	5		

Mailing Address 29\*243 ST JUST DR

City	State	Zip Code
UNIONVILLE	VA	22567

**Transaction ID : SB21B.85018**Purpose of Disbursement  
ESCROW SERVICES

001

Amount of Each Disbursement this Period

Candidate Name

**VIGOP**Category/  
Type

492.37

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. SIMPKINS ESCROW SERVICES LLC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	0			2	0	1	5		

Mailing Address 29\*243 ST JUST DR

City	State	Zip Code
UNIONVILLE	VA	22567

**Transaction ID : SB21B.85019**Purpose of Disbursement  
ESCROW SERVICES

001

Amount of Each Disbursement this Period

Candidate Name

**VIGOP**Category/  
Type

472.01

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. SIMPKINS ESCROW SERVICES LLC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	5		

Mailing Address 29\*243 ST JUST DR

City	State	Zip Code
UNIONVILLE	VA	22567

**Transaction ID : SB21B.85020**Purpose of Disbursement  
ESCROW SERVICES

001

Amount of Each Disbursement this Period

Candidate Name

**VIGOP**Category/  
Type

517.72

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►

1482.10

**TOTAL** This Period (last page this line number only)..... ►

101525.81

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**CAPITOL CAGING LLC**Nature of Debt (Purpose):  
CAGING SERVICESMailing Address 504 SHAW RD  
SUITE 504City State Zip Code  
STERLING VA 20166

Outstanding Balance Beginning This Period

2888.21

Transaction ID : SD10.55707

Amount Incurred This Period

2685.16

Payment This Period

1408.08

Outstanding Balance at Close of This Period

4165.29

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**COLORTREE**Nature of Debt (Purpose):  
VIGOP DIRECT MAIL - PRINTING &  
MAILSHOP

Mailing Address 2519 BRITTONS HILL RD

City State Zip Code  
RICHMOND VA 23230

Outstanding Balance Beginning This Period

4229.57

Transaction ID : SD10.72737

Amount Incurred This Period

1092.60

Payment This Period

2240.10

Outstanding Balance at Close of This Period

3082.07

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**CONSOLIDATED MAILING SERVICES**Nature of Debt (Purpose):  
DIRECT MAIL - PRINTING & MAILSHOPMailing Address 504 SHAW RD  
SUITE 504City State Zip Code  
STERLING VA 20166

Outstanding Balance Beginning This Period

81421.00

Transaction ID : SD10.7792

Amount Incurred This Period

107320.11

Payment This Period

27620.43

Outstanding Balance at Close of This Period

161120.68

1) **SUBTOTALS** This Period This Page (optional)..... ►

168368.04

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 151 OF 153

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**DONOR BUREAU**

Nature of Debt (Purpose):

LIST ENHANCEMENT SERVICES

Mailing Address 1900 N CULPEPPER ST

City State

ARLINGTON

Zip Code

VA

22207

Outstanding Balance Beginning This Period

3142.20

Transaction ID : SD10.7798

Amount Incurred This Period

2386.33

Payment This Period

921.49

Outstanding Balance at Close of This Period

4607.04

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**FORTH RIGHT STRATEGIES INC**

Nature of Debt (Purpose):

DIRECT MAIL - CREATIVE

Mailing Address 1155 - 15TH STREET

SUITE 410

City State

WASHINGTON

Zip Code

DC

20005

Outstanding Balance Beginning This Period

32716.50

Transaction ID : SD10.7789

Amount Incurred This Period

0.00

Payment This Period

19663.34

Outstanding Balance at Close of This Period

13053.16

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**INTEGRAM**

Nature of Debt (Purpose):

DIRECT MAIL - PRINTING &amp; MAILSHOP

Mailing Address 8421 HILLTOP RD

City

FAIRFAX

State

VA

Zip Code

22031

Outstanding Balance Beginning This Period

7782.14

Transaction ID : SD10.37645

Amount Incurred This Period

12.82

Payment This Period

3950.71

Outstanding Balance at Close of This Period

3844.25

1) **SUBTOTALS** This Period This Page (optional)..... ►

21504.45

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**LEGACY LIST MANAGEMENT CORP**

Nature of Debt (Purpose):

DIRECT MAIL - LIST RENTALS

Mailing Address 1155 - 15TH STREET  
SUITE 410

City State

Zip Code

WASHINGTON

DC

20005

Outstanding Balance Beginning This Period

12597.91

Transaction ID : SD10.15277

Amount Incurred This Period

7298.93

Payment This Period

7762.00

Outstanding Balance at Close of This Period

12134.84

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**MACKENZIE & COMPANY**

Nature of Debt (Purpose):

CONSULTING - COMPLIANCE

Mailing Address 2776 S ARLINGTON MILL DR  
#806

City State

Zip Code

ARLINGTON

VA

22206

Outstanding Balance Beginning This Period

13219.40

Transaction ID : SD10.7794

Amount Incurred This Period

208.20

Payment This Period

3593.40

Outstanding Balance at Close of This Period

9834.20

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**MDI IMAGING & MAIL**

Nature of Debt (Purpose):

VIGOP DIRECT MAIL - PRINTING &  
MAILSHOP

Mailing Address 21721-A FILIGREE CT

City

State

Zip Code

ASHBURN

VA

20147

Outstanding Balance Beginning This Period

2036.72

Transaction ID : SD10.72743

Amount Incurred This Period

1875.22

Payment This Period

2036.72

Outstanding Balance at Close of This Period

1875.22

1) **SUBTOTALS** This Period This Page (optional)..... ►

23844.26

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RHA MARKETING**

Nature of Debt (Purpose):

**VIGOP DIRECT MAIL - PRINTING & MAILSHOP**

Mailing Address 1272 CORPORATE PARK RD

City State

Zip Code

FOREST

VA

24551

Outstanding Balance Beginning This Period

3550.16

Transaction ID : SD10.58658

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3550.16

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**SIMPKINS ESCROW SERVICES LLC**

Nature of Debt (Purpose):

**VIGOP ESCROW SERVICES**

Mailing Address 29\*243 ST JUST DR

City State

Zip Code

UNIONVILLE

VA

22567

Outstanding Balance Beginning This Period

2920.17

Transaction ID : SD10.58642

Amount Incurred This Period

2382.45

Payment This Period

1914.27

Outstanding Balance at Close of This Period

3388.35

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

6938.51

2) **TOTALS** This Period (last page this line number only)..... ►

220655.26

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

220655.26